

MEDICAL EXAMINATION REPORT for Seniors Self Contained Apartments

The report is to supplement the application to determine if the Applicant is physically and mentally able to care for him/herself in a self-contained Apartment-type complex.

APPLICANT NAME: _____ EXAMINATION DATE: _____

ADDRESS: _____ TELEPHONE NO.: _____

DATE OF BIRTH: _____ HEIGHT: _____ WEIGHT: _____

PLEASE NOTE: THIS REPORT CANNOT BE ACCEPTED IF IT IS NOT COMPLETELY FILLED OUT. FEES CHARGED TO COMPLETE THE REPORT ARE THE RESPONSIBILITY OF THE APPLICANT.

APPLICANT AUTHORIZATION
 I hereby, Authorize any Physician, Medical Clinic, Hospital or other person that has any records or knowledge of my health to provide full information to the KNEEHILL HOUSING CORPORATION or any authority acting on their behalf.

DATE: _____ SIGNATURE: _____

Physical Examination

1. Mobility: Walks without assistance _____ With assistance _____ W/C or Walker _____
 Does the applicant have any difficulty communicating? Yes _____ No _____

If yes, please explain _____

Activities of Daily Life

Is the applicant able to...

- | | | |
|------------------------------------|-----------|----------|
| 1. Prepare his/her own meals? | Yes _____ | No _____ |
| 2. Do his/her own housekeeping? | Yes _____ | No _____ |
| 3. Manage his/her own hygiene? | Yes _____ | No _____ |
| 4. Manage his/her own medications? | Yes _____ | No _____ |

Do you have any concerns with the applicant's ...

- | | | |
|-------------------|-----------|----------|
| 1. Hearing? | Yes _____ | No _____ |
| 2. Vertigo? | Yes _____ | No _____ |
| 3. Mental Health? | Yes _____ | No _____ |

If yes, please explain _____

Does the applicant require home care? Yes _____ No _____

Has a referral been made to home care? Yes _____ No _____

Does the applicant have a serious medical condition or infectious disease that should be brought to the manager's attention? Yes _____ No _____

If yes, explain _____



Does the applicant have a condition that would cause him/her to be a danger to themselves or other tenants? (ie. leave stove or taps on) Yes____ No____

If yes, explain _____

Independence Factors

Does the applicant...

1. Show any signs of dementia or paranoia? Yes____ No____

If yes, explain _____

2. Have any history of alcohol or substance abuse? Yes____ No____

If yes, explain _____

3. Has the applicant been diagnosed with any deteriorating physical or mental health condition that may impair his/her ability to manage independently at present or in the near future? Yes____ No____

If yes, explain _____

Please comment on any idiosyncrasies, sleeping patterns, personal hygiene, allergies, hoarding tendencies, etc. that may be helpful in evaluating the applicant's suitability.

Do you consider this applicant to be functionally independent, mentally and physically, and able to look after himself/herself in a self-contained apartment building where no special care, nursing care or monitored diets are available? Yes____ No____ If no, explain _____

Is the Applicant capable of living within a communal environment in which seniors socialize and communicate at regular intervals and remain independent versus relying on others for assistance? Yes____ No____

If no, explain _____

SIGNATURE OF MEDICAL PHYSICIAN: _____

PRINTED SIGNATURE: _____

COMPLETE ADDRESS: _____

TELEPHONE NO.: _____

Please FAX completed report to Kneehill Housing Corporation at 403-443-5271 or email to info@kneehillhousing.com.